								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10/745503					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL I	ENTITY	OR	OTHER	THAN ENTITY	
TOTAL CLAIMS			14					RATE FEE			RATE	FEE ·	
FOR			NUMBER FILED		NUMBER EXTRA		В	BASIC FEE 385.00		OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		•		Г	XS 9=		OR	XS18=		
⊢	DEPENDENT C			inus 3 =	<u> </u>			X43=		OR	X86=		
<u> </u>	· · · · · · · · · · · · · · · · · · ·	NDENT CLAIM P					L	+145=		OR	+290≃		
* 11	the difference	e in column 1 is	less than z	n zero, enter "0" in column 2				TOTAL		OR	TOTAL	77.0	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						(Column 3)	S	MALL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A	5-207	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	- 14	Minus	- 14	/	= .	\[\]	XS 9=		OR	X\$18=		
AME	Independent	· 3	Minus	*** 3		-		×43-	1	OR	X86=		
	FIRST PRESE			TIPLE DEPENDENT CLAIM				145=	<u> </u>	OR	+290=		
1-<-10								TOTAL		{	TOTAL		
	(Column 1) (Column 2) (Column 3)								<u> </u>	JOR	ADDIT. FEE		
	ă .	CLAIMS		HIĞHE	EST	ST			ADDI-	1 1		ADDI-	
MENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	F	RATE	TIONAL. FEE		RATE	TIONAL	
NON	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=	•	
I 🖚 1	Incependent	<u> </u>			=	5	<43=		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	145=		1			
										OR	+290=		
								TOTAL IT. FEE		OR ,	TOTAL ADDIT. FEE		
- T	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIOUS PAID F	ER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus.	**		=	×	\$ 9=		OR	X\$18=		
AME .	Indep ndent	•	Minus	***		=	X43=			Ī	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	7,00-		
• If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
** 11	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE		
T	he *Highest Num	ber Previously Paid	For (Total or	Independer	it) is the	highest number fo	ound in	n the app	propriate box	in colu	ımn 1.		